APPLICATION FOR PRECIOUS METALS

Date _____

Company Name _____**Phone**_____

Business Address _____

Name of Owner _____

Address of Owner _____

Home Phone _____

Description of Services _____

Annual Fee - $50.00

_____
Signature of Applicant

Background check form with copy of identification & thumbprint must accompany application. Each employee must submit background qualifications also.

(For Office Use)

Amt Received _____ **Receipt No.**_____ **Date Rcv'd** _____

_____
City Clerk